



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**BEST  
SUMMER  
EVER**

# SUMMER FUN CLUB

OLD COLONY YMCA—MIDDLEBORO  
#BestSummerEver

# COME JOIN THE SUMMER FUN CLUB TODAY!

## FIELD TRIPS, FUN, FRIENDS, AND A FANTASTIC SUMMER VACATION!

Located at Camp Yomechas, children ages 6–14 will experience various outdoor activities including swimming, crafts, field trips, sports, ropes course, and more. The Summer Fun Club will be going on field trips every Monday, Wednesday, and Friday. Tuesdays and Thursdays the children will be enjoying traditional camp activities at Camp Yomechas. You must register one week in advance for the field trips. There is a two day minimum per week. Join today and make special memories that will last a lifetime at the YMCA! \*Must have attended kindergarten to attend SFC. **FEE PER DAY: \$48 member, \$58 non-member**

<b>SCHEDULE</b> *Subject to change	WEEK	MON	TUES	WED	THURS	FRI
	1: 6/19–6/21			Camp	Camp	Camp
	2: 6/24–6/28	Camp	Camp	College Pond	Camp	Lazer Gate
	3: 7/1–7/5	United Skates of America	Closed	Southwick Zoo		Houghton's Pond
	4: 7/8–7/12	Children's Museum	Camp	Ecotarium	Camp	Nantasket Beach
	5: 7/15–7/19	Fort Adams	Camp	Blue Hills Nature Trail	Camp	Scusset Beach
	6: 7/22–7/26	Water Works Museum	Camp	Cape Cod Canal Cruise	Camp	Duxbury Beach
	7: 7/29–8/2	Water Wizz	Camp	Flagship Theater	Camp	Duxbury Beach
	8: 8/5–8/9	College Pond	Camp	Boston Museum of Science	Camp	Nantasket Beach
	9: 8/12–8/16	Pinz	Camp	Nelson's Park	Camp	Scusset Beach
	10: 8/19–8/23	Lobster Tales	Camp	Billy Beez	Camp	Houghton's Pond
	11: 8/26–8/30	Camp	Camp	Camp	Camp	Camp

### HOW OUR STAFF ARE SELECTED

Counselors and instructors are selected for sound judgment, maturity, experience, and leadership skills and their desire to work with children. All staff must pass reference, criminal background, and sexual offender checks.

### HOW THE SUMMER FUN CLUB IS LICENSED

The Summer Fun Club must be licensed by and comply with regulations of the Massachusetts Department of Public Health and the local Board of Health. The operator shall inform parents that they may request copies of background check policies, health care policies, and discipline policies as well as procedure for filing grievances.

### REQUIRED MEDICAL INFORMATION FOR SUMMER FUN CLUB

You will receive a copy of the health history form in the brochure. Under Massachusetts State law, each child must have a recent physical and immunization form, signed by a licensed physician, on file prior to attending. We require each child to have a physical dated within 2 years prior to admission. Current physical and immunization records from your child's school are acceptable. Completed health forms must be in our files before your child may be registered for the Summer Fun Club.

### SUMMER FUN CLUB HOURS

Monday—Friday from 7:00am—6:00pm  
Drop off/Pick-up Location: SFC Meeting Tent, first parking lot.

**Parent Drop-off:** Parents drop off no later than 8:45am

**Parent Pick-up:** Parents pick-up after 4:00 p.m.

It is very important that there is no SFC traffic at Camp from the hours of 8:45—9:30am and 3:30—4:00pm due to the Day Camp buses. The road at Camp Yomechas is also a one way road and it is important to follow the signs out of the SFC parking lot (take right and loop around to exit).

### STAFF TO CHILD RATIO

For ages 6 years and under, the ratio is 1 staff per 5 children.  
For ages 7 years and older, the ratio is 1 staff per 10 children.

(Children must have already completed Kindergarten to be able to attend the Summer Fun Club program). The Summer Fun Club staff is not responsible for any lost or stolen items including money.

### HEALTHY EATING & PHYSICAL ACTIVITY

The Y is one of the nation's largest childcare providers and now we want to be the healthiest. By adopting the HEPA (Healthy Eating and Physical Activity) standards we will build a healthier future for our children by providing them with healthy environments rich in healthy eating and physical activity opportunities. All our programs follow these guidelines and want to ensure that parents and guardians do as well, when sending food in with your children.

- **Water is our beverage choice**
- **Foods that have 0 grams of trans fat**
- **No Sugar sweetened beverages**
- **A Fruit and/or vegetable is served at every meal**
- **Choose Whole Grains**
- **No Fried Foods**

**Free Breakfast and Lunch available daily!**

## OPEN HOUSE DATES!

March 9	10:00 AM—1:00 PM <b>Spin-a-thon</b>
March 30	10:00 AM—1:00 PM
April 27	10:00 AM—1:00 PM <b>Healthy Kids Day!</b>
May 11	10:00 AM—1:00 PM

# REGISTRATION

**PLEASE NOTE:** This schedule is subject to change. There is a two day minimum required per week. Registration and payment **MUST** be submitted one week in advance. If you have any questions, or would like to be put on our mailing list, please call Lynne Bisaw at 508-947-1390, ext. 11.

> **Child's Name:** \_\_\_\_\_

Please check off the days your child will be attending:

Dates	Mon	Tues	Wed	Thur	Fri
6/19-6/21					
6/24-6/28					
7/1-7/5					
7/8-7/12					
7/15-7/19					
7/22-7/26					
7/29-8/2					
8/5-8/9					
8/12-8/16					
8/19-8/23					
8/26-8/30					

**\*Please note: This program is a parent pick-up and drop-off program. No bus transportation will be provided.**

T-SHIRT SIZE (circle one)	
YOUTH	ADULT
Small	Small
Medium	Medium
Large	Large
X-Large	X-Large
	Other _____



## PAYMENT

Registration Fee \$25.00  
 First Week Payment \_\_\_\_\_  
 Other Payment \_\_\_\_\_  
**Total Enclosed** \_\_\_\_\_

## PAYMENT METHOD

check     cash     credit card (accepted at the branch)  
 Please make checks payable to Old Colony YMCA Middleboro Branch  
 Who we may contact for payment:  
 Name \_\_\_\_\_  
 Number \_\_\_\_\_

Financial assistance is available for qualifying families. Please contact Lynne Bisaw for more information.

A copy of your child's current physical and immunization records **MUST** be returned with health form and registration.

For more information, please contact Lynne Bisaw at 508-947-1390 ext. 11 or [lbisaw@oldcolonymca.org](mailto:lbisaw@oldcolonymca.org).

## I UNDERSTAND THAT:

- There is a one time, non-refundable \$25.00 annual registration fee.
- I will pay the fee per day per child.
- Payment is due every Friday for the following week. I will be charged a late fee of \$15.00 if my payment is not made on Friday by 6:00 p.m. for the upcoming week and my child will not be able to attend until the balance is paid in full. **NO EXCEPTIONS.**
- I understand that there is a 2 day minimum per week.



Parent's Signature

Parents are responsible for paying for the days registered for. Any changes in schedule must be done in writing one week prior. No refunds or credits will be issued.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# REGISTRATION FORM A

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to: Old Colony YMCA - 61 East Grove St, Middleboro, MA 02346 ATTN: Child Care Secretary

>PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL

## CAMPER AND FAMILY INFORMATION

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age (as of 9/1/17): \_\_\_\_\_ Grade (as of Fall 2017): \_\_\_\_\_ Male: \_\_\_\_ Female \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Name/Town: \_\_\_\_\_ / \_\_\_\_\_

>Parent/Guardian 1 Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\*Email: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

>Parent/Guardian 2 Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\*Email: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Please note:** A photo ID & camp pick-up card\* will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons other than parents/guardians or those indicated below (unless otherwise notified **in writing**). In cases of emergency or illness, we will call the following contacts in the order they are listed below.

## TRANSPORTATION/EMERGENCY CONTACTS (in addition to parents/guardians)

Contact Person: \_\_\_\_\_ Preferred Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Phone 2: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Preferred Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Phone 2: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Preferred Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Phone 2: \_\_\_\_\_

## CUSTODY INFORMATION

Is there a court order in regard to the child's custody?  Yes  No

Is there a restraining order in regard to who may have contact with the child?  Yes  No

If you answered yes to either question, a copy of the court order is needed for the child's file. Please attach it to the registration form.

# REGISTRATION FORM B

## RELEASE AND WAIVER OF LEGAL LIABILITY

### A. Medical Liability

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Yomechas, the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give my approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_

### B. Photo Waiver

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence. **\*If you do not approve, please write "DO NOT PHOTO" and attach a current photo of your child to ensure s/he does not appear in any media.**

Parent/Guardian Signature: \_\_\_\_\_

### C. SUNSCREEN/BUG SPRAY

I understand the following bug spray/sunscreen policy of the Old Colony Y:  
We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days.  
We recommend that all campers and staff use bug spray with DEET according to recommendations on product label.

Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

Parent/Guardian Signature: \_\_\_\_\_

**TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 508-947-1390**

>I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE BELOW DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTARY RELEASE FORM

I, the undersigned \_\_\_\_\_ (legal relationship to student, e.g., "parent," "guardian") of

\_\_\_\_\_ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian of: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

# REGISTRATION FORM C

**PLEASE NOTE:** You must include your child's current immunization / physical records signed by a physician.

## HEALTH INFORMATION/MEDICAL INFORMATION & WAIVERS EMERGENCY CONTACT INFORMATION

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age (as of 9/1/18): \_\_\_\_\_ Grade (as of Fall 2018): \_\_\_\_\_ Male: \_\_\_\_ Female \_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Preferred Daytime Phone (1): \_\_\_\_\_ Preferred Daytime Phone (1): \_\_\_\_\_

Preferred Daytime Phone (2): \_\_\_\_\_ Preferred Daytime Phone (2): \_\_\_\_\_

Camper lives with:  both parents  parent/guardian 1  parent/guardian 2

Emergency or non-emergency authorized person (local) who can pick up camper:

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician (to be contacted): \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

### ALLERGIES/ASTHMA

None Known Food(s) : \_\_\_\_\_ Insect bites/stings: \_\_\_\_\_  
Poison Ivy/Oak: \_\_\_\_\_ Medication(s) : \_\_\_\_\_ Other: \_\_\_\_\_

Please explain reaction and treatment for the above allergies: \_\_\_\_\_

If medication will be provided to the camp nurse, please fill out the **Authorization to Administer Medication to Camper Form**  
(found online at [www.oldcolonymca.org/camps](http://www.oldcolonymca.org/camps) or at your camp/branch)

### CAMPER HAS A HISTORY OF

Asthma  Epilepsy  Diabetes  Autism  Hyperactivity/Behavioral Issues  Frequent Headaches  Hearing trouble

Other: \_\_\_\_\_ Please comment on indicated history: \_\_\_\_\_

**Please note:** You may be asked to meet with the camp director or camp nurse to discuss your child's medical history.

### MEDICATIONS

Is your child on an IEP or 504 plan? \_\_\_\_\_

Will camper be taking medication(s) while at camp?  Yes  No (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? \_\_\_\_\_

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

### OTHER

Please explain any special dietary needs/restrictions: \_\_\_\_\_

Please explain any limits or restrictions to physical activity while at camp: \_\_\_\_\_

Any other conditions the camp directors or nurse should be aware of: \_\_\_\_\_

Does your child attend a YMCA After School or Early Education program? If yes, where? \_\_\_\_\_

Are there any accommodations or services that we can provide to make the summer as successful as possible? \_\_\_\_\_

Please share any information that would help Summer Staff best serve your child: \_\_\_\_\_

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

**EMERGENCY AUTHORIZATION:** I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.